

## F15000002246

. (Re	equestor's Name)	
(Ad	idress)	
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(Cir	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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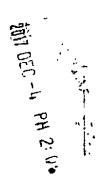
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500305087116 12/07/17--01027--007 \*\*\$2.50

11/07/17--01029--014 ++35.00



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

GREEN ACQUISITION CORPORATION DBA GREEN ACQUISI SUBJECT:	TION CORPORATION - GULF COAST
(Name of Corporati	on)
DOCUMENT NUMBER: F15000002246	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
KATELYN BEAN	
(Name of Person)	
PARACORP INCORPORATED	
(Name of Firm/Company)	
PO BOX 160568	
(Address)	
SACRAMENTO, CA 95816	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
KATELYN BEAN (Name of Person) at (800 (Area Code	533-7272 & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, PARACORP INCORPORATED
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  Florida Statutes, the undersigned, PARACORP INCORPORATED
(Name of Registered Agent)
hereby resigns as Registered Agent for
(Name of Corporation)
F15000002246
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
LETICIA BURLESON
(Typed or Printed Name)
ASST SECRETARY
(Capacity)

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314